

PTO/SB/22 (12-04)

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))		Docket Number (Optional)		<b>RECEIVED CENTRAL FAX CENTER JAN 31 2006</b>
Application Number <b>09/886,942</b>		Filed <b>June 21, 2001</b>		
For <b>Novel Chimeric Promoters</b>		Examiner <b>Akhavan, Ramin</b>		
Art Unit <b>1636</b>				

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ <b>1020.00</b>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number **50-0990**. I have enclosed a duplicate copy of this sheet.

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number \_\_\_\_\_

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_

*Margaret A. Powers* 1/31/06  
Signature Date

**Margaret A. Powers** **(650) 298-5300**  
Typed or printed name Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required, see below.

☐ Total of \_\_\_\_\_ forms are submitted. 01 FC:1253 1020.00 DA

**Certificate of Facsimile Transmission under 37 C.F.R. §1.8**

I hereby certify that this communication is being facsimile transmitted to the United States Patent and Trademark Office Facsimile No. (571) 273-8300 facsimile addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, Mail Stop AF on the date below by:

Typed or Printed Name: **Margaret A. Powers**Date: **January 31, 2006**Signature: *Margaret A. Powers*